



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

| | | |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |
| Missoula H S | Missoula | 0584 |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials
Elem District Approval ☐ yes ☐ no _____
HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Alice Meyer

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 42

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 7

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

| | | |
|--------------------------------------|--------------------------|------|
| Elementary School District | Chair, Board of Trustees | Date |
| High School District Missoula H S | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



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| Missoula H S | Missoula | 0584 |

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Initials
Elem District Approval ☐ yes ☐ no _____
HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Dennis Anderson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 4.5

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 4.5

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Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
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| Spec. Ed. Trans | | | | |
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| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

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☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

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☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Edna M. Kelley

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 5.2

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

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| Signature - Parent or Guardian | Date |
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Initials
Elem District Approval ☐ yes ☐ no _____
HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Jim & Linda Kyle

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 11.5

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 5.5

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|---------------------|----------------|------------|--------------|---------------|
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| Correspondence | | | | |
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Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

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☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

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| Signature - Parent or Guardian | Date |
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Initials
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HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Randy & Carrie Ruff

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 30

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 3.5

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Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
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| Regular Trans | | | | |
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| Room & Board | | | | |
| Correspondence | | | | |
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Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

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KINDERGARTEN/PREKINDERGARTEN:

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To or from School _____ times per day, _____ days per week

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| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



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| Missoula Elem | Missoula | 0583 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

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| | | |
|------------------------|--|----------|
| | | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| HS District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Kristen & Philip McLendon

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **2.2** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

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Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
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Student Name School Grade

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| Hellgate Elem | Missoula | 0586 |
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|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Charlene Norman

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **10** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

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Students in Each Grade Level - Only include the students to be covered by this contract.

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- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

| | | |
|---|--------------------------|------|
| Elementary School District Hellgate Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

| | | |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Hellgate Elem | Missoula | 0586 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

| | | | |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Heather Callantine

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **7.6** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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| | | |
|---|--------------------------|------|
| Elementary School District Hellgate Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
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Contract #

| | | |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Hellgate Elem | Missoula | 0586 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

| | | |
|------------------------|--|----------|
| | | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| HS District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Jynette E. Meyer

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 8 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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|---|--------------------------|------|
| Elementary School District Hellgate Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

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| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
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Contract #

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| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Hellgate Elem | Missoula | 0586 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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| | | | |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Kris Kelly

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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| Elementary School District Hellgate Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
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Contract #

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| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Hellgate Elem | Missoula | 0586 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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|------------------------|--|----------|
| | | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| HS District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Leanne Beers

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

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| | | |
|---|--------------------------|------|
| Elementary School District Hellgate Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

| | | |
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| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Hellgate Elem | Missoula | 0586 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

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| | | |
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| | | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| HS District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Leanne Beers

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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| | | |
|---|--------------------------|------|
| Elementary School District Hellgate Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

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| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Hellgate Elem | Missoula | 0586 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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| | | |
|------------------------|--|----------|
| | | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| HS District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Lori Freeman

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **7** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

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To or from School _____ times per day, _____ days per week

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| | | |
|---|--------------------------|------|
| Elementary School District Hellgate Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



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Contract #

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|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Hellgate Elem | Missoula | 0586 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

| | | | |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Suzanne Bancale

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **2.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

| | | |
|---|--------------------------|------|
| Elementary School District Hellgate Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

| | | |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Hellgate Elem | Missoula | 0586 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

| | | | |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Thomas & Valerie Dzomba

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **2.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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| Elementary School District Hellgate Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

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| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
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PO Box 202501
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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
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Contract #

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|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Hellgate Elem | Missoula | 0586 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Thomas & Valerie Dzomba

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **7** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

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To or from School _____ times per day, _____ days per week

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| Elementary School District Hellgate Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

| | | |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Lolo Elem | Missoula | 0588 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Eric Heppler

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

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| | | |
|---|--------------------------|------|
| Elementary School District Lolo Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

| | | |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Lolo Elem | Missoula | 0588 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Eric Heppler

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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| | | |
|---|--------------------------|------|
| Elementary School District Lolo Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

| | | |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Lolo Elem | Missoula | 0588 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

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ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

John & Kathy Clark

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 3.1 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
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| Room & Board | | | | |
| Correspondence | | | | |
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| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

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KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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| | | |
|---|--------------------------|------|
| Elementary School District Lolo Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

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|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Lolo Elem | Missoula | 0588 |
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Is this contract shared between elementary and high school?

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Are you applying for isolation status? ☐ Yes ☐ No

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| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Mary Thibodean

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.2** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

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| | | |
|---|--------------------------|------|
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| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

| | | |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Lolo Elem | Missoula | 0588 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

| | | | |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Scott & Teri Heath

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

| | | |
|---|--------------------------|------|
| Elementary School District Lolo Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
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Contract #

| | | |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Lolo Elem | Missoula | 0588 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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| | | | |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Stephen Rutledge

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5.1 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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(For district, county and OPI use only)

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(county name) _____ County, hereinafter referred to as the District(s).

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| | | |
|---|--------------------------|------|
| Elementary School District Lolo Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

| | | |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Potomac Elem | Missoula | 0589 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

| | | |
|------------------------|--|----------|
| | | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| HS District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Christy Cheff

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **23.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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| | | |
|--|--------------------------|------|
| Elementary School District Potomac Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



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Office of Public Instruction
PO Box 202501
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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
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Contract #

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| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Potomac Elem | Missoula | 0589 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Emily M. Delight

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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| | | |
|--|--------------------------|------|
| Elementary School District Potomac Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

| | | |
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| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Potomac Elem | Missoula | 0589 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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| | | | |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Heather Olean

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.7** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

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| | | |
|--|--------------------------|------|
| Elementary School District Potomac Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



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Office of Public Instruction
PO Box 202501
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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
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Contract #

| | | |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Potomac Elem | Missoula | 0589 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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|------------------------|--|----------|
| | | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| HS District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Jenny Westcott

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **6.7** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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| | | |
|--|--------------------------|------|
| Elementary School District Potomac Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



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Contract #

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|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Potomac Elem | Missoula | 0589 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

| | | |
|------------------------|--|----------|
| | | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| HS District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Jessica Miller

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 7 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

| | | |
|--|--------------------------|------|
| Elementary School District Potomac Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

| | | |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Potomac Elem | Missoula | 0589 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

| | | |
|------------------------|--|----------|
| | | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| HS District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Kerry Smith

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

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(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

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| | | |
|--|--------------------------|------|
| Elementary School District Potomac Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

| | | |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Woodman Elem | Missoula | 0591 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

| | | | |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Andrew Hart

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **0** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **30** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

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| | | |
|--|--------------------------|------|
| Elementary School District Woodman Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

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|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Woodman Elem | Missoula | 0591 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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| | | | |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

David & Shelly Hunter

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **0** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **30** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

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| | | |
|--|--------------------------|------|
| Elementary School District Woodman Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

| | | |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| DeSmet Elem | Missoula | 0592 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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| | | | |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Amy & Butch Nulliner

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 1.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

| | | |
|---|--------------------------|------|
| Elementary School District DeSmet Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

| | | |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| DeSmet Elem | Missoula | 0592 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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| | | |
|------------------------|--|----------|
| | | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| HS District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Clint & Cam'e Davis

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 8 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

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To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

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| | | |
|---|--------------------------|------|
| Elementary School District DeSmet Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

| | | |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| DeSmet Elem | Missoula | 0592 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

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|------------------------|--|----------|
| | | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| HS District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Corina Bates

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 11 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

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To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

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| | | |
|---|--------------------------|------|
| Elementary School District DeSmet Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
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Contract #

| | | |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| DeSmet Elem | Missoula | 0592 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

| | | |
|------------------------|--|----------|
| | | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| HS District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Marsha Heydt

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 1.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

| | | |
|---|--------------------------|------|
| Elementary School District DeSmet Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

| | | |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| DeSmet Elem | Missoula | 0592 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

| | | |
|------------------------|--|----------|
| | | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| HS District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Mary Peters

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 1.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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(For district, county and OPI use only)

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(county name) _____ County, hereinafter referred to as the District(s).

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| | | |
|---|--------------------------|------|
| Elementary School District DeSmet Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

| | | |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Target Range Elem | Missoula | 0593 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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|------------------------|--|----------|
| | | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| HS District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Arrette Pierce

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **7.4** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

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To or from School _____ times per day, _____ days per week

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| | | |
|---|--------------------------|------|
| Elementary School District Target Range Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

| | | |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Target Range Elem | Missoula | 0593 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Chris & Darla Johnson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

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To or from School _____ times per day, _____ days per week

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| | | |
|----------------------------|--------------------------|------|
| Elementary School District | Chair, Board of Trustees | Date |
| Target Range Elem | | |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

| | | |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Target Range Elem | Missoula | 0593 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

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| | | | |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Manuel Lopes

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **8.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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| | | |
|----------------------------|--------------------------|------|
| Elementary School District | Chair, Board of Trustees | Date |
| Target Range Elem | | |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

| | | |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Target Range Elem | Missoula | 0593 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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| | | | |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Manuel Lopes

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **8.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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| | | |
|----------------------------|--------------------------|------|
| Elementary School District | Chair, Board of Trustees | Date |
| Target Range Elem | | |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

| | | |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Target Range Elem | Missoula | 0593 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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| | | | |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Rebecca Glidewell

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **12.1** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

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KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

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To or from School _____ times per day, _____ days per week

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(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

| | | |
|----------------------------|--------------------------|------|
| Elementary School District | Chair, Board of Trustees | Date |
| Target Range Elem | | |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

| | | |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Target Range Elem | Missoula | 0593 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

| | | | |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Thomas Tate

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **8.1** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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| | | |
|----------------------------|--------------------------|------|
| Elementary School District | Chair, Board of Trustees | Date |
| Target Range Elem | | |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

| | | |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Sunset Elem | Missoula | 0594 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

| | | | |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Betsy Gerlach

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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| | | |
|---|--------------------------|------|
| Elementary School District Sunset Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



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Office of Public Instruction
PO Box 202501
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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
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Contract #

| | | |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Sunset Elem | Missoula | 0594 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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| | | | |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Dennis Tallon

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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| | | |
|---|--------------------------|------|
| Elementary School District Sunset Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
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Contract #

| | | |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Clinton Elem | Missoula | 0595 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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| | | | |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Becky Gurzynski

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary .3 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

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| | | |
|--|--------------------------|------|
| Elementary School District Clinton Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
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Contract #

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| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Clinton Elem | Missoula | 0595 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

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|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Dave & Mandi Collins

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 12 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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| | | |
|--|--------------------------|------|
| Elementary School District Clinton Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

| | | |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Clinton Elem | Missoula | 0595 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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| | | |
|------------------------|--|----------|
| | | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| HS District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Dick Novak

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 8.5 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

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| | | |
|--|--------------------------|------|
| Elementary School District Clinton Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
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Contract #

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|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Clinton Elem | Missoula | 0595 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

| | | | |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Heather Yarrow

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **0** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **8.2** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

| | | |
|--|--------------------------|------|
| Elementary School District Clinton Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

| | | |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Clinton Elem | Missoula | 0595 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

| | | |
|------------------------|--|----------|
| | | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| HS District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Julie & Dennis Lackner

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 1.4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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| Elementary School District Clinton Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

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|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



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PO Box 202501
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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
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Contract #

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| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Clinton Elem | Missoula | 0595 |
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Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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|------------------------|--|----------|
| | | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| HS District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Kurtis & Kerry Wheeler

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **20.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

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To or from School _____ times per day, _____ days per week

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| Elementary School District Clinton Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



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Office of Public Instruction
PO Box 202501
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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
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Contract #

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| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Clinton Elem | Missoula | 0595 |
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☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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| | | | |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Michelle Charles

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 7.6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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| | | |
|--|--------------------------|------|
| Elementary School District Clinton Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

| | | |
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| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Clinton Elem | Missoula | 0595 |
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| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Sally Roske

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 11 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

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To or from School _____ times per day, _____ days per week

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|--|--------------------------|------|
| Elementary School District Clinton Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

| | | |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Clinton Elem | Missoula | 0595 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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| | | | |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Shaina Davidson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **6.6** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

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|--|--------------------------|------|
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| High School District | Chair, Board of Trustees | Date |

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| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

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| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Clinton Elem | Missoula | 0595 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

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|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Virginia Beckhus

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 6.7 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
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| Correspondence | | | | |
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Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

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| High School District | Chair, Board of Trustees | Date |

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| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006
Due to School Clerk June 1

Contract #

| | | |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Seeley Lake Elem | Missoula | 0597 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

| | | | |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Ann Marlatt

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5.8** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **4.5** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

| | | |
|--|--------------------------|------|
| Elementary School District Seeley Lake Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



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| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Don & Karla Skillicorn

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **14** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **1** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

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To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

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| Elementary School District Seeley Lake Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



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| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| HS District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Sharon Teague

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 14 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 1 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
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| Room & Board | | | | |
| Correspondence | | | | |
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| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

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☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

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| Signature - Parent or Guardian | Date |
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| Frenchtown K-12 Schools | Missoula | 0599 |

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| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Kelly Johnson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **0** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **18.5**

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| Frenchtown K-12 Schools | | |

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| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Teresa A. Bowman

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **0** HS **10**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **7**

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